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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

| Date: | 1/8/18 | | | | | |
|---|-------------------------|--|---|---------|--|--|
| | | T. I20160000072 | - | 4:1) | | |
| Name: | Brickell Two LLC | 2 | · | | | |
| Document #: | | | | | | |
| Order #: | 10783660 | | | | | |
| Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: | | | , | | | |
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Thank you!

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | |
|----------------------|---|-----------------|--|--|------------------|
| SUBJE | CT: Brickell [wo LLC N | laine of Limi | ted Liability Company | | |
| The enc | dosed Articles of Organization a | nd tee(s) are | submitted for filing. | | |
| Please i | eturn all correspondence concert | ring this man | ter to the following: | | |
| | James P. S. Leshaw | | Name of Person | | |
| | | | Name of Person | | |
| | Leshaw Law P.A. | | Firm/Company | <u> </u> | |
| | 240 Crandon Boulevard, Sui | te 248 | | | |
| | | · | Address | | · - |
| | Key Biscayne, Ft. 33149 | Cuv | /State and Zip Code | | |
| يامزل | At eshawt aw com E-mail address: (| · | or future annual report noti | ication) | |
| For furth | er information concerning this m | | · | | |
| James Le | eshaw | at (<u>305</u> | 477-1758 | | |
| | Name of Person | A | rea Code Daytime | l'elephone Number | |
| | is a check for the following amo | unt: | | | |
| ⊠ \$12 5.00 ¦ | Filing Fee S130,00 Filing Certificate of Y | Siatus | 3\$155.00 Filing Fee & Certified Copy idditional copy is enclosed | Certificate o Certificate o Certified Co (additional cop | f Status & py |
| | Mailing Address Registration Section Division of Corporation P.O. Box 6327 Fallahassee, Fl. 32314 | s. | Street/Courier Ad Registration Section Division of Corpor Chifton Building 2661 Executive Ce Fallahassee, FL 32 | n rations rater Circle | 7 73 PN 4: 0 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is: | | | | |
|--|--|--|---|------------------------|
| Brickell Two LLC (Must end with the words "Limit | | | | |
| (Must end with the words "Limb | ted Liability Co | ompany, "L.L.C.," | or "LLC.") | |
| ARTICLE II - Address: The mailing address and street address of the principal | il office of the L | imited Liability C | ompany is: | |
| Principal Office Address: | Mailing Address: | | | |
| 1200 South Pine Island Road | | nth Pine Island Ro | | |
| Plantation, FL 33324 | <u>Plantatio</u> | n, FL 33324 | | |
| another business entity with an active Florida registrat The name and the Florida street address of the register | red agent are: | | • | |
| | | | | |
| Nan | ne | | | |
| 1200 South Pi | | | | |
| Florida street address (P.O. B | | | | |
| Plantation City | F1 | 33324 | | |
| City | | Zip | | |
| Having been named as registered agent and to accept so the place designated in this certificate. Thereby acceptacity of further agree to comply with the provision of my duties, and I am familiar with and accept the o | ept the appointn is of all statutes | uent as registered a relating to the proj | igent and agree to ac per and complete per | et in this Formance |
| NRAI Services, Inc. <u>By: Lather A La</u> Registered Agent's Sign | Ullow Sature (REOUT) | (ED) | | |
| | ··· · · · · · · · · · · · · · · · · · | | - | co co |
| (CONTINU | UED) | | | 3 JAR -0 PH In C |
| Page Lof | 72 | | | ¢5 |
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| | | | | |
| | | | • | |

The name and address of each person authorized to manage and control the Limited Liability Company:

Name and Address:

Freedom Management LLC

Page 2 of 2

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)

ARTICUE IV-

"MGR" = Manager MGR

"AMBR" - Authorized Member

Title: